

Case Number:	CM15-0082881		
Date Assigned:	05/05/2015	Date of Injury:	07/10/2009
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68-year-old male sustained an industrial injury of the shoulder on 7/10/09. Diagnoses include shoulder strain, adhesive capsulitis and impingement syndrome. Treatments to date include x-ray and MRI testing, modified work duty, physical therapy, shoulder surgery and prescription pain medications. The injured worker continues to experience right shoulder pain and decreased range of motion. Upon examination, the injured worker has a reduction in abduction, internal rotation and flexion, radiologic testing reveals advanced osteoarthritis. A request for Right shoulder arthroscopy with lysis of adhesions, possible subacromial decompression acromioplasty, Post-operative physical therapy 3 times a week for 4 weeks for the right shoulder and Pre-operative labs: complete blood count, basic metabolic and electrocardiogram was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Shoulder Arthroscopy with lysis of Adhesions, Possible Subacromial Decompression Acromioplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Adhesive capsulitis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for adhesive capsulitis. Per ODG shoulder section, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA). The clinical information from 3/25/15 shows does show evidence of adhesive capsulitis. Based on the above, the requested procedure is not medically necessary.

Post-Operative Physical Therapy (12-sessions, 3 times a week for 4 weeks for the right shoulder): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-Operative Labs: Complete Blood Count, Basic Metabolic and Electrocardiogram:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.